



COMMISSIONER OF INSURANCE, JOHN W. OXENDINE  
STATE OF GEORGIA  
REQUEST FOR CLEARANCE LETTER

GID-AL-6  
Version 2.0  
CLEARANCE

### 1. GENERAL INSTRUCTIONS

All questions should be directed to Promissor at 1-888-204-6204 between the hours of 8AM and 6PM EST Monday through Friday.

- A. A clearance letter is used by Georgia resident licensees or "borderline" licensees who wish to cancel their Georgia license and apply for a license to sell insurance in a new resident state.
- B. For each license type that you hold, you may request as many clearance letters as you like.
- C. Each letter requested is \$10.00 in the form of a check or money order, made payable to **Promissor**.
- D. If you have changed your address, fill in the appropriate information in the section below.
- E. This form may be photocopied for future use.
- F. **You must submit your Georgia Insurance License with this request. If you have not submitted your license with this request, explain why your license is not included with this request.**
- G. Return this request, along with payment to: **GEORGIA INSURANCE DEPARTMENT/Promissor, P.O. BOX 2357, SMYRNA, GA 30081-2357**

☐ I have included my license with this Clearance Letter request.

☐ I have not included my license with this Clearance Letter request because \_\_\_\_\_

OFFICE ONLY ☐

### 2. LICENSEE INFORMATION

Print the licensee's name as it appears on the licensee's Georgia license in the boxes provided, one letter in each box. Print the entire license number in the boxes provided, one number in each box. Print the licensee's SSN number in the boxes provided, one number in each box. On the lines below, print the address where you wish the letter(s) to be sent.

**NOTE: If you have changed your name or address, fill in the marked "Name/address changes."**

**LICENSEE'S NAME:**

LAST NAME FIRST NAME MI SUFFIX (JR. SR.)

**MAIL TO ADDRESS: (If different from licensee's preferred address)**

STREET ADDRESS LINE 1: (If applicable, use this line to indicate APARTMENT, SUITE or FLOOR NUMBER)

STREET ADDRESS LINE 2: (Use this line to indicate STREET NUMBER and STREET NAME) PO Box

CITY STATE ZIP CODE

### 3. LICENSE INFORMATION

Place an "X" in the box next to your residency type. Place an "X" in the box next to each license type for which you wish to receive a clearance letter. Insert the number of clearance letters requested per license type. **NOTE: Variable Life and Variable Annuity are incorporated into Variable Products. If you are an Agent with Variable Life and/or Variable Annuity, your clearance letter will show VP.** Multiply the number of clearance letters requested per license type by the fee of \$10.00 per letter and place that total in the far right "total" column. Put the grand total in the "Total Fee Enclosed" space. Checks or money order are made payable to Promissor.

**NOTE: If you hold more than one license, a request for a clearance letter for one license type implies cancellation of all licenses held. Clearance letters will only be generated if requested.**

LICENSE NUMBER LICENSEE SSN RESIDENCY TYPE (select One): ☐ RESIDENT ☐ BORDERLINE

LICENSE TYPE REQUESTED	QUANTITY	TOTAL	LICENSE TYPE REQUESTED	QUANTITY	TOTAL
<input type="checkbox"/> Agent (AGR, BLB)	X \$10.00 = \$		<input type="checkbox"/> Crop/Hail Adjuster (CHR, CHB)	X \$10.00 = \$	
<input type="checkbox"/> Counselor (CNR,CNB)	X \$10.00 = \$		<input type="checkbox"/> Public Adjuster (PAR, PAB)	X \$10.00 = \$	
<input type="checkbox"/> Surplus Lines Broker (SLR, SLB)	X \$10.00 = \$		<input type="checkbox"/> Temporary Agent (TAR, TAB)	X \$10.00 = \$	
<input type="checkbox"/> Fraternal Agent (FAR, FAB)	X \$10.00 = \$		<input type="checkbox"/> Workers Compensation (WCR, WCB)	X \$10.00 = \$	
<input type="checkbox"/> Adjuster (AJR, AJB)	X \$10.00 = \$				

TOTAL FEE ENCLOSED \$

**WARNING:** By requesting a clearance letter, you are canceling your current Georgia license. Licensee of Georgia requests license to be canceled in order to be licensed as a resident of another state. This request must be signed by the licensee himself/herself.

LICENSEE SIGNATURE

DATE

OFFICE ONLY ☐

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### 4. ADDRESS CHANGE

Please provide your forwarding address in the section below. Indicate whether this is your new home or new business address. (Select One) ☐ RESIDENT ☐ BUSINESS

STREET ADDRESS LINE 1: (If applicable, please write out the following information in the blocks provided above - APARTMENT, SUITE or FLOOR)

STREET ADDRESS LINE 2: (Use this line to indicate STREET NUMBER and STREET NAME) PO Box

CITY STATE COUNTRY

ZIP CODE INTERNATIONAL POSTAL AREA CODE PHONE NUMBER AREA CODE FAX NUMBER

Forward request, along with payment to:  
**GEORGIA INSURANCE  
DEPARTMENT/Promissor  
PO BOX 2357, SMYRNA, GA 30081-2357**